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CONFIRMATION NO. 1662

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/679,040 | FILING DATE<br>10/03/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY<br>DOCKET NO.<br>3258.1000-004 |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of PCT/US02/10539 04/03/2002  
 which claims benefit of 60/281,363 04/04/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/30/2003

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | STATE OR<br>COUNTRY<br>PA | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>30 | INDEPENDENT<br>CLAIMS<br>4 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

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TITLE  
 Method for preventing acute renal failure

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|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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